

Residential Provider Survey for the Habilitation Supports Waiver

1.1 Expected respondent: The Habilitation Supports Waiver Residential Provider who has direct knowledge of the individual's day-to-day residential supports and/or the operational and administrative activities of the provider agency. Provide the respondent's contact information for further questions:

Name (1)

Position/Title (2)

Contact Phone Number (3)

Contact Email Address (4)

1.2 Instructions: Provide a response to each question, taking into consideration all individuals who live at the address. If responses vary based on individual needs, provide your response if it impacts or is present for at least one individual who is living in the setting. Most of the questions asked for "additional information" to support the response provided. At the end of each survey section, indicate what evidence can be offered to support your responses. Do not provide any additional documentation separate from the completed survey; simply give a written description of the additional information. Responses to this survey and supporting information may be verified at a later date with an on-site visit. Note: If you have general questions about completing the survey, please contact the Michigan Department of Community Health at HCBSTransition@michigan.gov. If your questions are specific to the Habilitation Supports HCBS Waiver, please contact the Habilitation Support Waiver Program at QMP-Federal-Compliance@michigan.gov.

Name of the Setting or Location (1)

Residential Support Provider Address (2)

City, State, Zip Code (3)

Contact Phone Number (4)

Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL)
License Number (if applicable) (5)

If BCAL number is not available, enter National Provider Identification (NPI) Number (6)

1.3 What is the person's Habilitation Waiver Supports Application (WSA) Identification Number?: Click here to enter text. Note: Please contact your local Community Mental Health Habilitation Supports Waiver Coordinator/Liaison to identify the individual via the WSA number. Enter this number, then complete the survey describing the supports provided to this person.

2.1 Type of Residence

- ☐ Private residence with natural or adoptive family (1)
- ☐ Private residence for self or with spouse or non-relatives (2)
- ☐ Specialized residential home (4)
- ☐ Adult Foster Care (7)
- ☐ Living in a private residence that is owned by the Prepaid Inpatient Health Plan (PIHP), Community Mental Health Service Program (CMHSP), alone or with spouse or non-relative (9)

If Private residence with natu... Is Selected, Then Skip To End of Survey
If Private residence for self ... Is Selected, Then Skip To End of Survey

2.2 Does the setting have contracts with more than one PIHP or CMHSP?

- ☐ Yes (1)
- ☐ No (2)

2.3 If this is a licensed living arrangement under BCAL, what is the maximum number of individuals the home is licensed to serve:

2.4 What is the total number of people living at the home?

2.5 Complete this table to indicate the population characteristics of participants within the setting. Each person should be listed only once in the most appropriate category.

	Number of people with this primary disability who are living in this setting (1)
Intellectual or Developmental Disabilities (1)	
Mental Illness (2)	
Physical Disabilities (3)	
Traumatic Brain Injury (4)	

3.1 Is the residence located in the same building or on the same campus as an institutional treatment option? Treatment center: A facility is a place where some or all of these services are provided: group therapy, individual therapy, on-site activities, behavioral support, psychiatric services, nursing supports, and vocational employment/training. The person also lives in the facility or on its property.

- ☐ Yes (1)
- ☐ No (2)

3.2 Does the provider operate or manage multiple home settings which are (1) on the same campus, (2) located close together, or (3) offer a continuum of care?

- ☐ Yes (1)
- ☐ No (2)

3.3 Is the residence intended for people with specific diagnoses or disabilities?

- ☐ Yes (1)
- ☐ No (2)

3.4 Is the residence located in the same building or campus with an education program, school, or child-caring institution?

- ☐ Yes (1)
- ☐ No (2)

3.5 Provide additional information to support responses in Section 2: Physical Location and Operations of Residential Setting

4.1 Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?

- ☐ Yes (1)
- ☐ No (2)

4.2 Who assists individuals in accessing social and/or recreational activities the the community? (Check all that apply)

- ☐ Direct Support Worker(s) (1)
- ☐ Home Manager(s) (2)
- ☐ Case Manager/Supports Coordinator (3)
- ☐ Family/Friends (4)
- ☐ Volunteer(s) (5)

4.3 Do individual participate in any of the following activities of their choosing in the community? (Check all that apply)

- ☐ Individual shopping (1)
- ☐ Religious or spiritual services (2)
- ☐ Scheduled appointments (personal or medical) (3)
- ☐ Meals with friends or family (4)
- ☐ Recreation activities (5)
- ☐ Community events (6)
- ☐ Volunteer community services (7)
- ☐ Community employment (8)
- ☐ School or education (9)
- ☐ Other (10) _____

4.4 Does the residence allow visitors at anytime (no specified visiting hours or schedules)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the residence allow visitors at anytime (no specified visiting hours or schedules)? No Is Selected

4.5 If no, why?

4.6 Does the residence allow for exceptions to the visiting hours to address special circumstances?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the residence allow for exceptions to the visiting hours to address special circumstances? No Is Selected

4.7 If no, why?

4.8 Can the PIHP/CMHSP Staff visit at any time without permission?

- ☐ Yes (1)
- ☐ No (2)

4.9 Provide additional information to support responses in Section 3: Community Integration of Residential Living Setting

5.1 Does each individual have a lease or residential agreement for the residential setting?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does each individual have a lease or residential agreement for the residential setting? No Is Selected

5.2 If no, why?

5.3 Does the lease or residential agreement provide each individual who is receiving Medicaid funded Home and Community Based Services with information on the eviction process and a means to appeal an eviction?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the lease or residential agreement provide each individual who is receiving Medicaid funded Home and Community Based Services with information on the eviction process and a means to appeal an ... No Is Selected

5.4 If no, why?

5.5 Are policies outlining individual rights, protections, and expectations of services provided to individuals in an understandable format?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are policies outlining individual rights, protections, and expectations of services provided to individuals in an understandable format? No Is Selected

5.6 If no, why?

5.7 Is information about filing a complaint posted in an obvious location in an understandable format?

- ☐ Yes (1)
- ☐ No (2)

Answer If Is information about filing a complaint posted in an obvious location in an understandable format? No Is Selected

5.8 If no, why?

5.9 Have individuals been provided with information on how to request new housing?

- ☐ Yes (1)
- ☐ No (2)

Answer If Have individuals been provided with information on how to request new housing? No Is Selected

5.10 If no, why?

5.11 Are individuals informed about how to discuss their concerns with residence staff?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are individuals informed about how to discuss their concerns with residence staff? No Is Selected

5.12 If no, why?

5.13 Do individuals know the person to contact for completing an anonymous complaint?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals know the person to contact for completing an anonymous complaint? No Is Selected

5.14 If no, why?

5.15 Does the setting protect the privacy of an individual's health and personal information?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the setting protect the privacy of an individual's health and personal information? No Is Selected

5.16 If no, why?

5.17 Do staff discuss individual resident issue in private spaces?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do staff discuss individual resident issue in private spaces? No Is Selected

5.18 If no, why?

5.19 Do staff address individuals in the manner in which the individual would prefer to be addressed?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do staff address individuals in the manner in which the individual would prefer to be addressed? No Is Selected

5.20 If no, why?

5.21 Do individuals have access to their personal funds as appropriate?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have access to their personal funds? No Is Selected

5.22 If no, why?

5.23 Do individuals have control over their personal funds as appropriate?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have control over their personal funds? No Is Selected

5.24 If no, why?

5.25 Do individuals have a safe and secure place (e.g. locker or lockbox) to store their personal belongings?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have a safe and secure place to store their personal belongings? No Is Selected

5.26 If no, why?

5.27 Do individuals have options within the setting to choose who provides their services and supports?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have options within the setting to choose who provides their services and supports? No Is Selected

5.28 If no, why?

5.29 Are individuals able to update or change their services and supports that they receive based on their preferences and needs?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are individuals able to update or change their services and supports that they receive based on their preferences and needs? No Is Selected

5.30 If no, please describe:

5.31 Does the setting allow individuals to participate in adult, legal activities as appropriate (e.g. voting in public elections when 18 years or older)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the setting allow individuals to participate in adult, legal activities as appropriate (e.g. voting in public elections when 18 years or older)? No Is Selected

5.32 If no, why?

5.33 Do staff receive training and continuing education on individual rights and protections?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do staff receive training and continuing education on individual rights and protections? No Is Selected

5.34 If no, why?

5.35 Does the setting prohibit the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the person centered plan)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the setting prohibit the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the person centered plan)? No Is Selected

5.36 If no, why?

5.37 Provide additional information to support responses in Section 4: Individuals Rights of Residential Settings

6.1 Can individuals close and lock their bedroom door?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can individuals close and lock their bedroom door? No Is Selected

6.2 If no, why?

6.3 Do individuals have keys to their bedroom door?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have keys to their bedroom door? No Is Selected

6.4 If no, why?

6.5 Do bedroom doors have doorknobs that may be unlocked from the inside with one motion (automatically unlocks with one turn of the knob)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do bedroom doors have doorknobs that may be unlocked from the inside with one motion (automatically unlocks with one turn of the knob)? No Is Selected

6.6 If no, why?

6.7 Can individuals close and lock their bathroom door?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can individuals close and lock their bedroom door? No Is Selected

6.8 If no, why?

6.9 Do bathrooms have doorknobs that may be unlocked from the inside with one motion (automatically unlocks with one turn on the knob)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do bathrooms have doorknobs that may be unlocked from the inside with one motion (automatically unlocks with one turn on the knob)? No Is Selected

6.10 If no, why?

6.11 Can individuals decide if staff members have a key or keypad access to one's private spaces (bedroom, bathroom)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can individuals decide if staff members have a key or keypad access to one's private spaces (bedroom, bathroom)? No Is Selected

6.12 If no, why?

6.13 Does the setting allow individuals to have meals/snacks at the time and place of their choosing?

- ☐ Yes (1)
- ☐ No (2)

Answer If Does the setting allow individuals to have meals/snacks at the time and place of their choosing? No Is Selected

6.14 If no, why?

6.15 Can individuals choose what they eat, as appropriate?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have options about what they eat? No Is Selected

6.16 If no, why?

6.17 Can individuals choose to eat alone or with others?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can individuals choose to eat alone or with others? No Is Selected

6.18 If no, why?

6.19 Do individuals have access to food at any time, as appropriate?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals have access to food at any time, as appropriate? No Is Selected

6.20 If no, why?

6.21 Can individuals choose what clothes to wear?

- ☐ Yes (1)
- ☐ No (2)

Answer If Can individuals choose what clothes to wear? No Is Selected

6.22 If no, why?

6.23 Can individuals receive assistance with dressing, if necessary?

☐ Yes (1)

☐ No (2)

Answer If Can individuals receive assistance with dressing, if necessary? No Is Selected

6.24 If no, why?

6.25 If an individual has access to a personal communication device (cell phone, landline phone, personal computer, or tablet) can he or she use this device in private at any time?

☐ Yes (1)

☐ No (2)

Answer If If an individual has access to a personal communication device (cell phone, landline phone, personal computer, or tablet) can he or she use this device in private at any time? No Is Selected

6.26 If no, why?

6.27 If an individual has access to a shared communication device (cell phone, landline, phone, personal computer, or tablet), can he or she use this device in private at any time?

☐ Yes (1)

☐ No (2)

Answer If If an individual has access to a shared communication device (cell phone, landline, phone, personal computer, or tablet), can he or she use this device in private at any time? No Is Selected

6.28 If no, why?

6.29 Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?

☐ Yes (1)

☐ No (2)

Answer If Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack? No Is Selected

6.30 If no, why?

6.31 If there are cameras and visual/audio monitors present in the individual's bedroom or bathroom, was the equipment installed to meet an assessed or documented need for the individual?

☐ Yes (1)

☐ No (2)

Answer If If there are cameras and visual/audio monitors present in the individual's bedroom or bathroom, was the equipment installed to meet an assessed or documented need for the individual? No Is Selected

6.32 If yes, why?

6.33 If an individual needs assistance with personal care, does he/she have privacy to receive this support?

- ☐ Yes (1)
- ☐ No (2)

Answer If If an individual needs assistance with personal care, does he/she have privacy to receive this su... No Is Selected

6.34 If no, why?

6.35 Do individuals who share a personal space/bedroom have a choice in roommate(s)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals who share a personal space/bedroom have a choice in roommate(s)? No Is Selected

6.36 If no, why?

6.37 Do individuals arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.)

- ☐ Yes (1)
- ☐ No (2)

Answer If Do individuals arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.) No Is Selected

6.38 If no, why?

6.39 Provide additional information to support responses in Section 5: Individual Experience within Residential Setting (Part A)

7.1 Do individuals have full access to the home's common areas?

	Do individuals have full access?		Can individuals access these facilities at any time?	
	Yes (1)	No (2)	Yes (1)	No (2)
Kitchen (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining Area (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfortable Seating Area (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathroom (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.2 If the setting does not provide full access to the home's common areas, please explain why there are restrictions.

7.3 Is access to the house common areas limited only for health and safety reasons according to approved individual support plans?

- ☐ Yes (1)
☐ No (2)

Answer If Is access to the house common areas limited only for health and safety reasons according to approved individual support plans? No Is Selected

7.4 If no, why?

7.5 Is there space within the home where individuals may meet with visitors to have private conversations?

- ☐ Yes (1)
☐ No (2)

Answer If Is there space within the home where individuals may meet with visitors to have private conversations? No Is Selected

7.6 If no, why?

7.7 Are individuals free to come and go from the home setting without restrictions?

- ☐ Yes (1)
☐ No (2)

Answer If Are individuals free to come and go from the home setting without restrictions? No Is Selected

7.8 If no, why?

7.9 Are individuals free to move about the inside and outside space of the home setting?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are individuals free to move about the inside and outside space of the home setting?
No Is Selected

7.10 If no, why?

7.11 Is the home physically accessible to all individuals? For example, does the home have grab bars, shower chairs, or wheelchair ramps if needed?

- ☐ Yes (1)
- ☐ No (2)

Answer If Is the home physically accessible to all individuals? For example, does the home have grab bars, shower chairs, or wheelchair ramps if needed? No Is Selected

7.12 If no, why?

7.13 Are the home's household appliances physically accessible to all individuals?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are the home's household appliances physically accessible to all individuals? No Is Selected

7.14 If no, why?

7.15 Is the home without gates, locked doors, or other barriers preventing entrance or exit from common areas of the home (i.e. kitchen, dining area, laundry, comfortable seating area, and bathroom)?

- ☐ Yes (1)
- ☐ No (2)

Answer If Are there environmental adaptations (grab bars, shower chairs, wheelchair ramps) within the home setting (unit)? No Is Selected

7.16 If no, why?

7.17 Is accessible transportation available for individuals to make trips within the community?

- ☐ Yes (1)
- ☐ No (2)

Answer If Is accessible transportation available for individuals to make trips within the community? No Is Selected

7.18 If no, why?

7.19 If public transit is limited or unavailable, do individuals have other resources to access the broader community?

- ☐ Yes (1)
- ☐ No (2)

Answer If If public transit is available, do individuals receive training or assistance to use public transit? No Is Selected

7.20 If no, why?

7.21 Provide additional information to support responses in Section 5: Individual Experience within Residential Setting (Part B)